

Unclaimed Property Division

One Players Club Drive, Charleston, WV 25311

1-800-642-8687 or 304-558-2937

INQUIRY FORM

	Claimant Information (To be completed by claimant)
1	Claimant's Name
2	Claimant's Mailing Address
3	City State Zip
4	Claimant's Daytime or Message Phone ()
5	Claimant's Social Sec. No. Or Federal Employer Id. No (FEIN)
6	Are you the original owner of the property? If No, Please Print Name Listed
7	Is the original owner deceased? If so, please provide name of estate administrator.

Congratulations! According to our records, you may be entitled to property being held by the state of West Virginia. To inquire upon the account, complete this form and return it with the required documentation to our office. Please print or type. **See instructions on the following page for important information to help you complete this form.**



Mail completed form to:

Office of State Treasurer
Unclaimed Property Division
One Players Club Drive
Charleston, WV 25311

The following must be included with this form:

- Clear copy of Driver's License or other legal photo identification, **and**
- Proof of Social Security Number or FEIN (see reverse, Box 5)

If you have questions in filing this claim, please follow the instructions on the next page.



Under penalty of perjury, each of the undersigned claimants agrees to the following: that all the information on this form and the attachments is true and complete; that, to the best of his/her knowledge, he or she has a legal or equitable interest in abandoned property being held by the Treasurer of the State of West Virginia; that he or she will only accept payment of property to which he or she is entitled under the West Virginia Unclaimed Property Act; that he or she will immediately return any property to which he or she becomes aware that he or she is not entitled; and that he or she will indemnify and hold harmless the Unclaimed Property Division, the State Treasurer's Office, their officers and employees, and the State of West Virginia against claims to the property by another claimant.

Claimant Signature(s): **(all claimants must sign and have notarized)**

_____ Date _____

_____ Date _____

Subscribed and sworn to before me this ____ day of _____

State _____ County _____ My Commission Expires _____

Notary Public Signature _____

Notary Stamp

Important Information to Help You File Your Claim

- **Box 1 – Claimant Name:** Print your Name & provide a copy of your current Driver's License or other legal photo identification. If your Name has changed, please provide proof of the name change.

If you are inquiring on behalf of a business, print the business name. On company letterhead provide proof of authority to claim the account on their behalf.

- **Box 2 & 3 – Mailing Address:** Print current mailing address.
- **Box 4 – Claimant Daytime or Message Phone:** Print daytime or message phone number.
- **Box 5 – Claimant Social Sec. No. Or Federal Employer Identification No. (FEIN):** Print your Social Security Number or Federal Employer Identification Number (FEIN) and provide a copy of your Social Security Card or documentation which shows your Name & Social Security Number. *All information is confidential.*
- **Box 6 – Are you the Original Owner of the Property?** If you are the original owner of the property, print Yes. If you printed No, please provide the following:
- **If Owner is Unable to File a Claim:** Provide a copy of the Power of Attorney showing your authority to file on their behalf. Provide a copy of the owner's identification with proof of their Social Security

Number. If the owner is a minor, provide a copy of their Birth Certificate & Social Security Card.

- **Box 7 – Owner deceased:** If owner is deceased, print Yes, then print name of estate administrator. Administrator should claim for estate; payments are made to "Estate of (owner name)." Provide a Copy of Death Certificate and Documentation of Social Security Number of owner.

- **Stock Security Claims:** Check one of the following to indicate a preference:

- ☐ Reissue Certificate (allow 8 weeks)
- ☐ Transfer to my existing brokerage account

If you do not indicate a preference, the Stock Certificate will be reissued to you.

- If you cannot provide documentation as requested, please attach a letter explaining why you are entitled to this property or any special circumstances that may apply to this claim.

- **Don't forget to sign and have form notarized.**



(800) 642-8687
(304) 558-2937

Visit our website at www.wvtreasury.com



Please allow approximately 60 to 90 days for your claim to be processed. Additional information may be required to process a claim.